

LA ETHICS AND

FOR INSTRUCTIONS, SEE BACK OF FORM	AIGN DISCLOSURE BD
- STATE	FURIN STATEMENT
	ULI ZO PRIIZ: HZ OF
*An initial Statement of Organization	Reset Form ( (Rev. 01/2006) ORGANIZATION
making expenditures, or incurring indebtedness exceeding \$750. Ame a change. Penalties may be imposed for late-filed Statements of Orna committee that exceeds \$750.	o committee's accepting contributions, and ments must be filed within 20 days.
committee that exceeds \$750	Dization A condidate in 30 days of Indexed
committee that exceeds \$750 in activity for another office shall file with DR-1 disclosing information concerning the campaign for the new office	in 10 days either a new or amended Audited
COMMITTEE NAME     (A see till to the new office	e sought. Computer
COMMITTEE NAME 1 (A candidate's committee must includ	e the candidate's last name in the name of the committee
IMPORTANT: Indicate to as (ITY Area.	Build
IMPORTANT: Indicate type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing of the committee you are reporting for:	· Mila lac
(5) County Candidate (6) City Candidate (7) School Board or Off	(2)Statewide PAC (3)State Party (4)County Central Committee
Local Ballot Issue/including committee: (1) City PAC	
COMMITTEE TREASURER (mandatory for all committees)	in multiple city/county ballot issues)
	Name    Name   Name    Name   Name    Name
Mailing Address & Bohn Sack	John Ochunga
City, State 1 1 Zip Code 1 Layne Ave	Mailing Address
Lowa Cta (A 52245	Gity, State + Zip Gode + Court
Phone 819 354-6563	10wa 21ty 1A 52245
	Phone (3/4, 338 - 9893
INDICATE PURPOSACE a lattahacris 60	
INDICATE PURPOSE OF COMMITTEE - Check One Box Comment or description:  All Candidates Enter:	dvocate for/adainst candidate(s) Advanta Plumbers - Supply
	Advocate for ballot issue(s)
Office Sought:	County/Local Candidates and Local Ballot Committees Enter:
Political Party (if applicable)	County:
District:	(If active in multiple ballot issue elections, attach list of counties
Year Standing for Election:	Date of Election:
Bank Account Name	
7	Candidate name & Address of Parent Entity (PACs, if applicable),
- awa City Area Buil De	Affiliate, or Sponsor
Name of Financial Institution/type of Account	Mailing Address ↓ ↓
Our State But - Cherin	The second secon
Mailing Address	Home Builders Assn. of Iowa City
1025 Clinton 5 + 0441188	City PO Boxs 296 Zip J
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	lowa City, IA 52244-3396
DWG City 1A 52240	Phone (3/4) _35/- 5333
100000000000000000000000000000000000000	e-Mail of days of his as
0717	7 - 1040714.019
STATEMENT OF AFFIRMATION: By filing this document the committee aff	irms the following:
The committee and all persons connected with the committee understand that	Thou are subject to the
Tules in Chapter 351 of the Iowa Administrative Code.	they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative
	and the possible
3. I Dal IDW3 Code cooling COA And	
does not intend to cross the \$750 files the selected by statute or rule. A committee that will	e placement of the words "paid for by" and the name of the committee on all political shes to register a committee name for purposes of using the shorter "paid for by" and
and and the me rom the sea form	pulposes of using the shorter hald for bull and
issue PACs.	e receipt of corporate contributions by all committees except for statewide and local ballot
5. A candidate and a candidate's committee may only expend and it	and local ballot
<ol> <li>A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.301 through 68A.303 and rule 351—4.25.</li> </ol>	
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of	
X dZal L	
- Secol	10123/07
Signature of Treasurer	Date Signed
to him I at I have	
Signature of Candidate, OR, for all other committees, Chairperson	10/23/an